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incorporated into these existing systems by modifying the software that controls the movement of the chair in which the patient, subject, is seated and analyzes the evoked eye movements. In most cases, modifications to the existing rotation chair equipment (motors, eye movement recording equipment) would be minimal. In an embodiment, the novel rotation test and analysis may be incorporated into the clinical rotation chair systems at the time of manufacture, at a nominal cost, since the expense would not involve any new equipment but rather the novel programming of the rotation chair systems to include the new stimulus and analysis.

Please amend the paragraph beginning at page 29, line 3 as follows:

Three normal and four unilateral loss subjects were tested using 2-sine stimuli identical to those used in the simulation study described above with respect to Figures 6A-6F and Figures 7A-7F ~~7A-6F~~. The unilateral loss subjects included subject UL1, a 66 year old female who had a left side acoustic neuroma removed by a trans-labyrinthine surgical approach 3 years prior to testing, subject UL2, a 46 year old male with a 3 cm left side acoustic neuroma treated with a "gamma knife" radiation procedure 3 1/2 years prior to testing, subject UL3, a 27 year old male with right side absent vestibular function, as determined by caloric testing (Meningitis contracted during infancy is believed to be the cause of this right side loss), and subject UL4, a 47 year old female with a right labyrinthectomy performed 3 months prior to testing as treatment for Meniere's disease.

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Please amend the paragraph beginning at page ~~29~~ 30, line ~~3~~ 19 as follows:

Figures 9A-9F show the modulation of the VOR response to the probe component with the VOR slow phase velocity data filtered using a 0.5 to 5 Hz bandpass filter. Experimental VOR probe responses to 2-sine stimuli with the bias component amplitude increasing from 0 to 250 °/s. Results are shown for the two subjects with a left unilateral loss (UL1 & UL2), the two with a right unilateral loss (UL3 & UL4), and the one normal subject (N1) of Figures 8A-8F. VOR modulation of the probe response is diminished during rotations towards the dysfunctional ear. The unilateral loss subjects showed a systematic modulation of the VOR probe component amplitude over the 10 s bias component cycle. This modulation increased with increasing bias component amplitude. In contrast, the normal subject did not show a systematic increase in